



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103200002

CITY OR TOWN ROCHESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ADRIANS PACKAGE STORE, INC.

DOING BUSINESS A

ADDRESS COUNTY & MARYS POND RDS

CITY/TOWN: ROCHESTER

STATE: MA

ZIP CODE: 02770

MANAGER: SHERMAN, BRETT TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
D.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

6 ROOMS, 2 FLOORS, SIDE AND REAR ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103200003

CITY OR TOWN ROCHESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LLOYD'S MARKET, INC

DOING BUSINESS AS

ADDRESS HARTLEY RD RTE 105

CITY/TOWN: ROCHESTER

STATE: MA

ZIP CODE: 02770

MANAGER: GEORGE, JAY P.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, THREE ROOMS, CELLAR USED FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103200004

CITY OR TOWN ROCHESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLDE RUGGLES INN INC

DOING BUSINESS A ROCHESTER GENERAL STORE

ADDRESS 30 MARION RD

CITY/TOWN: ROCHESTER

STATE: MA

ZIP CODE: 02770

MANAGER: COTE, ERNIE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ONE ROOM, ATTICK AND CELLAR USED FOR STORAGE. FRONT ENTRANCE
AND REAR EXIT.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103200005

CITY OR TOWN ROCHESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DAR-JON, INC.

DOING BUSINESS AS THE DELI

ADDRESS 550 ROUNSEVILLE ROAD

CITY/TOWN: ROCHESTER

STATE: MA

ZIP CODE: 02770

MANAGER: BLANCHARD,
SCOTT

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

550 ROUNSEVILLE RD., 3,000 SQ.FT. AREA LOCATED ON THE EXTREME RIGHT SIDE OF
THE PLUMB CORNER MALL COMPLEX. STORE WILL INCLUDE ISLES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103200006

CITY OR TOWN ROCHESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SPIROS PAPADAKIS

DOING BUSINESS A TOWNE PIZZA & RESTAURANT

ADDRESS 555 ROUNESVILLE ROAD

CITY/TOWN: ROCHESTER

STATE: MA

ZIP CODE: 02770

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2000 SQ. FT. AREA LOCATED ON THE FIRST FLOOR OF THE PLUMB CORNER MALL
COMPLEX

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103200007

CITY OR TOWN ROCHESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLD RUGGLES INN, INC.

DOING BUSINESS AS OLD RUGGLES INN

ADDRESS RT. 105, ROCHESTER CENTER

CITY/TOWN: ROCHESTER

STATE: MA

ZIP CODE: 02770

MANAGER: ZEADEY, JOSEPH TYPE OF LICENSE: Restaurant
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOWER LEVEL OF BLDG., 2 ROOMS (EAST AND SOUTH) FRONT & BACK
ENTRANCES/EXITS.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐
(If disapproved explain)

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By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103200009

CITY OR TOWN ROCHESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PLUMB CORNER MARKET OF ROCHESTER, INC

DOING BUSINESS A PLUMB CORNER MARKET

ADDRESS 565 ROUNSEVILLE RD

CITY/TOWN: ROCHESTER

STATE: MA

ZIP CODE: 02770

MANAGER: MacGregor, Andrew TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX SIZE 4000 SQ FT RETAIL STORE WHICH IS PART OF A SMALL PLAZA. SINGLE FRONT ENTRANCE AND TWO REAR EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103200010

CITY OR TOWN ROCHESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROCHESTER GOLF CLUB, INC

DOING BUSINESS A

ADDRESS 323 ROUNSEVILLE RD

CITY/TOWN: ROCHESTER

STATE: MA

ZIP CODE: 02770

MANAGER: TALLMAN,
STUART

TYPE OF LICENSE: Club

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY CLUBHOUSE. 40X24 FT.FULL BASEMENT. MAIN ENTRANCE NORTH SIDE,
EMPLOYEE ENTRANCE ON WEST SIDE. ATTACHED PATIO ON NORTH SIDE 40X 18 FT.
PICNIC TABLES (3) 100 FT. ON WEST IN FULL VIEW OF BARTENDER, CAPACITY INSIDE 36,
OUTSIDE SEATING 20 ANS AT ANY LOCATION THR GROUNDS OF THE COURSE AS IT
DEEMS REASONABLE PROPER.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103200011

CITY OR TOWN ROCHESTER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MATTHEW P. GURNEY

DOING BUSINESS A MATT'S BLACKBOARD

ADDRESS 565 ROUNSEVILLE RD.

CITY/TOWN: ROCHESTER

STATE: MA

ZIP CODE: 02770

MANAGER: GURNEY,,
MATTEW P.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2200 SQ. FT. RESTAURANT WITH 68 SEATS-PART OF A MALL FACILITY

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: